



**STATE OF ARKANSAS**  
 —————  
**LICENSED WHOLESALER QUARTERLY REPORT**

2026

**PLEASE COMPLETE AND RETURN TO:**  
 Office of the Arkansas Attorney General  
 ATTN: Tobacco Division  
 101 West Capitol Avenue  
 Little Rock, AR 72201  
 Tobacco@ArkansasAG.gov

| <b>BUSINESS INFORMATION:</b> |                      |
|------------------------------|----------------------|
| Business Legal Name:         | Contact Person:      |
| DBA (if applicable):         | Tobacco Control No.: |
| Address:                     | City/State/Zip Code: |
| Telephone:                   | Email:               |

| <b>REPORTING PERIOD:</b> |                |               |                |
|--------------------------|----------------|---------------|----------------|
| First Quarter            | Second Quarter | Third Quarter | Fourth Quarter |

| <b>REPORTING OBLIGATION:</b>                           |   |
|--|---|
| Entity Had Sales of Cigarettes During Reporting Period | Entity Had No Sales of Cigarettes During Reporting Period |

| <b>STAMPED OR TAXED CIGARETTE AND ROLL-YOUR-OWN SALES IN ARKANSAS:</b> |                |               |                                       |
|--|----------------|---------------|---------------------------------------|
| Number of Cigarettes:  | Ounces of RYO: | Brand Family: | Person or Entity From Whom Purchased: |
|  |                |               |                                       |
|  |                |               |                                       |
|  |                |               |                                       |
|  |                |               |                                       |
|  |                |               |                                       |
|  |                |               |                                       |
|  |                |               |                                       |

\*Attach Additional Sheets As Needed  
 \*\*PLEASE REPORT ANY RETURNED PRODUCTS ON A SEPERATE ROW.

Pursuant to Act 1073 of 2003, not later than twenty (20) calendar days after the end of each calender quarter, each wholesaler shall submit a list by brand family of the total number of cigarettes and RYO sold during the previous calender quarter. ARK. CODE ANN. §§ 26-57-1305.

| <b>SIGNATURE:</b>    |        |
|----------------------|--------|
| Authorized Designee: | Title: |
| Signature:           | Date:  |







## INSTRUCTIONS: LICENSED WHOLESALER QUARTERLY REPORT

Pursuant to Act 1073 of 2003, ARK. CODE ANN. §§ 26-57-1301, *et seq.*, each calendar quarter, licensed cigarette and tobacco wholesalers must submit information to the Attorney General relating to sales of cigarette and roll-your-own products in Arkansas. For each brand family sold in the State, the Attorney General requires information regarding the number of cigarettes sold, the number of ounces of roll-your-own sold, and the person or entity from whom the products were purchased.

In addition to any other remedies permitted by law, ARK. CODE ANN. § 26-57-1306(c) permits the Attorney General to file an action against licensed cigarette and tobacco wholesalers to compel compliance with the terms of Act 1073 of 2003. Wholesalers failing to timely or accurately comply with this provision can be subjected to a civil penalty of up to \$500 per day. ARK. CODE ANN. § 26-57-1306(f).

The Licensed Wholesaler Quarterly Report must be provided to the Office of the Arkansas Attorney General no later than 20 days after the end of each calendar quarter.

**BUSINESS INFORMATION:** Please provide the name of the business entity on whose behalf the form is being submitted, including name, address, and telephone number. Please also provide the name of the person completing the form, as well as that person's email address.

**REPORTING PERIOD:** Please check the box for the calendar quarter for which sales are being reported to the Office of the Arkansas Attorney General.

**REPORTING OBLIGATION:** If the business entity on whose behalf the form is being submitted stamped or taxed any cigarette or RYO products for sale in Arkansas, check the box "Entity Had Sales During Reporting Period" and proceed to next section. If the business entity had no stamped or taxed sales in Arkansas during the reporting period, check the box "Entity Had No Sales During Reporting Period" and proceed to the "Signature" section.

**STAMPED OR TAXED CIGARETTE AND ROLL-YOUR-OWN SALES IN ARKANSAS:** Please provide the number of cigarettes or RYO sold in the calendar quarter. The number of cigarettes sold should include, in the case of cigarettes, the number of individual sticks stamped for sale. For each regular package sold, the reportable number is 20 sticks. With this in mind, the number provided should usually be divisible by 20. In the case of RYO product, please provide the total number of ounces sold. The term "brand family" includes the name of the product and any variations in name of that product. For example, the brand family "Tobacco Product" would also include "Tobacco Product 100," "Tobacco Product Silver," and "Tobacco Product Green." Finally, please provide the name of the person or entity from whom the products were purchased for resale. This may be the manufacturer of the product or another distributor or wholesaler.

**SIGNATURE:** Please provide the name, title, and signature of the person completing the form on behalf of the business entity, as well as the date on which the form is being completed and submitted.